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Dear Mr Mepham

Care Home Review: Analysis of your final response

I am writing to thank you for providing a final response to my Requirements for Action, which I have now had an opportunity to analyse.

In analysing the response received, I was looking for assurance through the information provided and action in hand or planned that my Requirements for Action will be implemented and the intended outcomes will be delivered for older people.

Your response demonstrates a commitment to delivering the change required that I outlined in my Care Home Review and details action you have in place or will take to deliver the intended outcomes.

I am particularly pleased that the Health Board and Local Authorities have taken a strong collaborative approach to the construction of the response and to the delivery the actions that are needed to drive forward change across the sector. I welcome the inclusion of a transparent 'RAG' status as this openly demonstrates how the bodies evaluate their own progress against each Requirement for Action. I am also pleased that you have detailed what review and evaluation procedures you have in place to provide assurance at a senior level in your organisation that the required outcomes will be delivered.

Your organisation has improved its plan based on constructive feedback that I have provided, and has committed to developing new services or processes that have the potential to progress as best practice. For example, you have committed to developing a standardised process for capturing the experiences of older people, acting on them and then feeding back to individuals and their families (Requirement for Action 6.2). Also, you have committed to developing a new process to monitor and review medications (Requirement for Action 4.4).

I am therefore satisfied that your organisation is already complying with the vast majority of my Requirements of Action or is committed to taking the action necessary to deliver the required change. However, I must note that there are still two areas which require further work to assure me that the required change and improvement will be delivered for older people.

Please find attached a detailed analysis of the additional information you have provided in response to my request.

As you are aware, I am obliged by the Commissioner for Older People (Wales) Act 2006 to keep a register of responses to my Requirements for Action and therefore all of the responses from the bodies subject to my Review will be published on my website together with the analysis of each response.

As I have already advised, I will be publishing an overall commentary on whether I consider that the change I expect to see on behalf of older people will be delivered across Wales and I intend to make a formal public statement in respect of this and action intended by individual bodies subject to the review. These statements will be made on 11 August. It is not my intention to seek detailed updates on all of the action you have in hand, because of the level of assurance and commitment you have shown in securing these outcomes. It is therefore my intention to undertake a follow up review in 18 months' time at which stage I will be looking for tangible evidence that these outcomes have been consistently delivered across the care homes in your area (your action has been completed). I will, at a later stage, provide you with information on the scope and approach that I will adopt.

However, there are a number areas for which I will require interim updates and assurance and I will write separately to you in respect of what these are and how I will require this to be provided.

I look forward to continuing to work with you to ensure that older people living in care homes in Wales have the best possible quality of life and receive the highest standards of care.

Yours sincerely

A handwritten signature in black ink that reads "Sarah Rochira". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Sarah Rochira
Older People's Commissioner for Wales

**Western Bay: Abertawe Bro Morgannwg University Health Board,
City and County of Swansea, Neath Port Talbot County Borough
Council, Bridgend County Borough Council**

The Health Board and three Local Authorities have submitted a collaborative response to my Review, 'A Place to Call Home?'. I welcome this clear commitment to work with partners across the whole region. This approach is also evident in the development of a Care Home Commissioning Task & Finish Group, designed to monitor the progress of work by each body. Furthermore, the Task & Finish Group also oversees the work of developing the Regional Care Home Commissioning Strategy.

These arrangements should ensure that progress is closely monitored and that change is driven forward consistently across the region. I would expect that as this programme of work develops, regular reporting takes place through these arrangements, or another appropriate channel, within the Authorities corporate governance structure, to the Health Board and to the public.

Finally, the response from the collaborative includes a useful and transparent 'RAG' status rating which openly demonstrates how the bodies evaluate their own progress against each Requirement for Action.

Requirement for Action 1.3

Final Conclusion - Acceptable

1.3 Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity

The response from the collaborative includes a number of additional and more detailed actions that have the potential to improve the continence support that is available to care homes, so that staff are better equipped and older people can be better supported to maintain their continence and

independent use of the toilet, and to maintain privacy and dignity at all times.

For example, it is good to see that the Health Board has committed to undertake a gap analysis in order to inform and support future service development and to undertake a training needs analysis in order to develop a much more robust training plan for the care home sector. Furthermore, I welcome that the Health Board and Local Authorities are committed to working in partnership with providers in order to agree a standard for continence care to sit within the Regional Quality Framework.

I raised a concern in relation to the collaboratives initial response to this Requirement for Action that there were no clear timeframes laid out for the completion of the actions that had been identified in order to improve continence support. I am pleased to note that the collaborative has responded directly to this concern, and now includes clear timeframes for the completion of these actions and also notes the accountable individuals. The clarity of this approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 1.6

Final Conclusion - Acceptable

1.6 Older people are offered independent advocacy in the following circumstances:

- when an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse.
- when a care home is closing or an older person is moving because their care needs have changed.
- when an older person needs support to help them leave hospital.

For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy.

When a care home is in escalating concerns, residents must have access to non-instructed advocacy.

The collaborative's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 2.2

Final Conclusion - Partial

2.2 Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.

I welcome that the collaboratives response to this Requirement for Action provides a detailed description of the specialist services, multi-disciplinary care and rehabilitation provision across the whole region. This includes a number of positive actions that have been taken, such as the provision of training to care home staff that is provided by specialist Health Board practitioners and also the establishment of a Walking Aid Clinic in Bridgend. These actions could have the potential to provide older people with full support, following a period of significant ill health, to enable them to maximise their independence and quality of life.

I do welcome the inclusion of very clear accountable leads for the progression of the actions and areas of work. However despite this detailed description and a number of positive actions, on the whole, I am disappointed that the response does not demonstrate an awareness of the reality of older people actually accessing and utilising these services. Without this awareness, services may not be aware of an unmet need within care homes and older people could have reduced mobility, increased frailty and loss of independence.

For example, the response states that all residents can access specialist community services. Yet there is no critical analysis or commentary regarding the performance of these services or the reality of access for individuals. Furthermore, there is little understanding of how these services can be further developed and improved in light of my findings from the Review.

Information that is provided by Neath Port Talbot states that they will consider rolling out direct Acute Clinic referrals, yet there is no information provided on whether this will definitely be done and the timescales for doing so. While I welcome the recognition that here is a gap in the service model for the Community Resource Team in care homes, there is no suggestion or plan of how to address this.

Requirement for Action 3.2

Final Conclusion – Acceptable

3.2 All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an on-going basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

The Health Board's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 3.3

Final Conclusion – Acceptable

3.3 Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities.

The Health Board's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 3.4

Final Conclusion - Acceptable

3.4 In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available, including:

- An assessment of the mental health and wellbeing of older people as part of their initial care and support plan development and their on-going care planning.
- Advice and support to care staff about how to care effectively for older people with mental wellbeing and mental health needs, including dementia, and when to make referrals.
- Explicit referral pathways and criteria for referral.
- All residents on anti-psychotics are monitored and assessed for potential withdrawal and reviews are conducted in line with NICE guidelines.

I welcome that the collaboratives response to this Requirement for Action includes a number of additional and more detailed actions that have the potential to ensure that older people's mental health and wellbeing needs are understood, identified and reflected in the care that is provided.

For example, the Health Board has committed to reviewing the current assessment processes, to undertake a training needs analysis in order to develop a more robust training plan for staff, and to work with GPs to review the numbers of patients prescribed antipsychotic drugs. Without these actions, there could be a continued risk that older people are prescribed antipsychotic drugs inappropriately and that on-going mental health issues are not recognised, and therefore can significantly undermine an individual's quality of life.

I raised a concern in relation to the collaboratives initial response to this Requirement for Action that there were no clear timeframes laid out for the completion of the actions that had been identified in order to improve in-reach, multidisciplinary specialist mental health and wellbeing support. This would give much clearer assurance to me that the positive intentions that were demonstrated in the initial response would create a change in reality.

Therefore, I am pleased to note that the collaborative responds to this directly by including clear timeframes for the completion of these actions and also notes accountable individuals. The clarity of this approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 3.5

Final Conclusion – Acceptable

3.5 Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets For Dementia.

I raised a concern in relation to the collaboratives initial response to this Requirement for Action that there was no clear commitment to go ahead with data collection of the use of anti-psychotics after the Health Board had appraised the best method.

Therefore, I welcome that the collaborative has now committed to establishing the systems and processes in order to collate monthly data and also its aspiration to publish an annual report on the use of anti-psychotics in care homes. These actions could support increased openness and transparency, and potentially reduce the inappropriate use of anti-psychotic drugs.

The response includes clear timelines for the completion of this action, and also identifies accountable individuals. The clarity of this approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 4.2

Final Conclusion – Acceptable

4.2 A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement. This should include:

- Referral pathways, including open access

- Waiting times
- Referral and discharge information
- Advice and information to support the on-going care of the older person in the home
- Access to specialist services for older people in nursing homes, in line with the Fundamentals of Care Guidance

The Health Board's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 4.3

Final Conclusion – Acceptable

4.3 Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.

I welcome that the response from the collaborative to the Requirement for Action includes a number of positive steps that should provide care staff with the support and information that they need to understand the health needs of older people, including when and how to make a referral.

For example, the Health Board commits to ensuring that all care home staff are aware of and have access to older persons relating training and confirms that each Local Authority area has a single point of access for community services, the processes for which will be shared with care homes.

I raised a concern in relation to the initial response from the collaborative, that although there was a demonstrated awareness of the current provision of information, advice and training to enable care home staff to understand the health needs of older people, there weren't any clear timeframes for the delivery of the identified actions. This would give much clearer assurance to me that the positive intentions that were demonstrated in the initial response would create a change in reality.

This was particularly relevant for the stated roll out of frailty training. The response from the collaborative states, that it will agree with partner providers a delivery programme for the frailty training by April 2016. While I recognise that this does not provide a precise timeline for the delivery of the training itself, it does provide me with assurance that a delivery programme will be in place.

The response includes clear timelines for the completion of this action, and also identifies accountable individuals. The clarity of this approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 4.4

Final Conclusion – Acceptable

4.4 Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.

I raised a concern in relation to the initial response from the collaboration that while care home providers had stated that there was a lack of clarity regarding which GP surgeries provided enhanced services, there was no information provided by the Health Board regarding how that will be addressed.

Therefore, I welcome that the collaborative has committed to reviewing and mapping current processes to identify gaps in the provision of medication reviews. This could enable the Health Board to develop a process that will ensure older people have access to a medication review as described in the Requirement for Action, and in turn reduce the risk of older people receiving inappropriate medication.

I also commented in relation to the initial response that although the Health Board had committed to reviewing GP enhanced services, there was no detail provided on when and how that would be done. I am pleased to note that this should be addressed by the review of processes and also by the Health Board's commitment to consider new ways of

working to increase the pharmacy input into the sector. This has the potential to reduce the risks associated with polypharmacy. However, I must note that this action would have been strengthened by a further commitment to implement new ways of working following the consideration of new or hybrid models.

The response includes clear timelines for the completion of this action, and also identifies accountable individuals. The clarity of this approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the Health Board.

Requirement for Action 5.6

Final Conclusion – Acceptable

5.6 A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.

The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.

This service should also develop a range of resources and training materials to assist care homes that wish to improve in self-development and on-going improvement.

The collaborative's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 6.2

Final Conclusion – Acceptable

6.2 Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon.

Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10).

The response to this Requirement for Action from the collaborative provides more information on how the Health Board and Local Authorities are working to improve how they listen to the voices and experiences of older people. I welcome that there are a number of positive actions that will contribute to the bodies' ability to understand the day- to- day quality of life of older people living in care homes, and to act on this to drive improvement.

For example, the collaborative has committed to developing a standardised process for capturing experiences, acting on them and then feeding back to individuals and their families. Without this, there is a risk that issues are not addressed before they become significant, impactful and costly to remedy.

The response also provides further details on how the Regional Quality Framework will be used to capture individual's experiences and the date by which this is to be implemented. I welcome the drive to increase transparency by making aspects of the Regional Quality Framework assessment available to the public.

The initial response from the collaborative mentioned the limited success of a quality assurance questionnaire that had been used, but did not detail how this could be improved. Therefore, it is good to see that the response states that it will now analyse responses from previous months in order to improve its future use. However, I must note that whilst listening to the

voices of older people can form a valuable part of quality assurance, it is important to remember that older people's views about their care and quality of life should be captured and shared on a regular and ongoing basis outside of formal quality assurance processes – as is reference in an earlier paragraph.

The response includes clear timelines for the completion of these actions, and also identifies accountable individuals. The clarity of this approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the collaborative.

Requirement for Action 6.7

Final Conclusion – Acceptable

6.7 Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include:

- the availability of independent advocacy in care homes
- quality of life and care of older people, including specific reference to older people living with dementia and/or sensory loss
- how the human rights of older people are upheld in care homes across the Local Authority
- the views of older people, advocates and lay assessors about the quality of life and care provided in care homes geographic location of care homes

Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.

The collaborative's response to this Requirement for Action was previously determined to be acceptable. Therefore no further analysis has been undertaken.

Requirement for Action 6.8

Final Conclusion – Acceptable

6.8 Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements:

- the inappropriate use of antipsychotics
- access to mental health and wellbeing support
- number of falls
- access to falls prevention
- access to reablement services
- support to maintain sight and hearing.

Further areas for inclusion to be developed as part of the AQS guidance published annually.

I welcome that the collaborative has committed to developing a standardised set of performance indicators, and to pilot a draft dashboard in order to report on quality of life in residential and nursing care homes in its Annual Quality Statement. These actions should ensure that older people have access to relevant and meaningful information about the quality of life provided by care homes, and that there is greater openness and transparency in respect of the quality of care homes across Wales.

The response includes clear timelines for the completion of these actions, and also identifies accountable individuals. The clarity of this approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the collaborative.

Requirement for Action 7.3

Final Conclusion – Partial

7.3 The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes.

The response from the collaborative in relation to this Requirement for Action includes welcome commitments that demonstrate an understanding to include the needs of the care home sector staff within the wider training and recruitment of nurses. For example, the Health Board commits to using local workforce plans to inform the annual commissioning cycle for pre-registration nursing numbers. This action has the potential to ensure that there are sufficient numbers of nurses to deliver quality care for older people in nursing homes.

I raised a concern in relation to the collaboratives initial response that ongoing training and career development was offered but only on an ad hoc basis when there was spare capacity. I am disappointed to note that the response from the collaborative does not appear to address this. The response only relates to future workforce planning and pre-registration commissioning and does not provide further information on how the Health Board is going to improve the ongoing professional development and peer support for nurses currently working in the sector.